DEPARTMENT OF THE NAVY
NAVAL MEDICAL COMMAND
WASHINGTON, D.C. 20372-5120

IN REPLY REFER TO
NAVMEDCOMINST 4650.2
MEDCOM-33
9 December 1985

NAVMEDCOM INSTRUCTION 4650.2

From: Commander, Naval Medical Command
To: Ships and Stations Having Medical Personnel

Subj: PATIENT'S BAGGAGE HANDLING IN THE AEROMEDICAL EVACUATION SYSTEM

Ref: (a) BUMEDINST 4650.2A

Encl: (1) MAC Regulation 164-2 of 4 June 1975

1. Purpose. To convert BUMED Instruction 4650.7C, same subject, to a NAVMEDCOM instruction.

2. Cancellation. BUMEDINST 4650.7C.

3. Background. Enclosure (1) which was published in BUMEDINST 4650.7C is still current. It sets forth procedures for the efficient and expeditious handling of patient's baggage throughout the Military Airlift Command (MAC) aeromedical evacuation system.

4. General. Reference (a) is the triservice directive identified within the Air Force as AFR 164-3 and cited in enclosure (1).

5. Action. Addressees shall take such action as necessary to comply with the procedures set forth in enclosure (1).

6. Forms Used By Navy. DD Form 600, Patient's Baggage Tag, stock number 0102-LF-000-6000 (Rev. 7-73) is available from Cog 1I stock points of the Navy Supply System. DD Form 1839, Baggage Identification Tag, is available at MAC Terminals.

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MAC REGULATION 164-2
4 June 1975

Aeromedical Evacuation

PATIENT BAGGAGE HANDLING

Establishes procedures for efficient and expeditious handling of patient/attendant baggage throughout the MAC aeromedical evacuation system. The provisions of this regulation are applicable to all elements of MAC involved in the nontactical aeromedical evacuation of patients aboard MAC aircraft.

1. Explanation of Terms:

a. *Aeromedical Evacuation Control Center (AECC).* The control facility established by the commander of an airlift division, air force, or air command. It operates in conjunction with the command movement control center and coordinates overall medical requirements with airlift capability. It also assigns medical missions to the appropriate aeromedical evacuation elements in the system and monitors patient movement activities.

b. *Aeromedical Evacuation Detachments and Management Branches.* These units, subordinate to an aeromedical evacuation group or squadron, have coordination of ground activities related to aeromedical evacuation and liaison with local medical facilities as their primary functions. In this directive, both detachments and aeromedical evacuation management branches will be referred to as detachments.

c. *Debarkation and En Route Bases.* Those overseas and CONUS bases which, while they may originate patients, are engaged primarily in patient holding activities, and stations in the CONUS where aeromedical evacuation control centers are located (*for example*, Rhein-Main AB, Germany, and Scott AFB, IL).

d. *Feeder Enplaning and Deplaning Bases.* Those airfields located close to the hospital of patient origination and delivery within the CONUS where no MAC support personnel are assigned.

e. *Major Bases of Patient Origination.* Those bases overseas and in the CONUS where large groups of patients normally enter the MAC aeromedical evacuation system, such as overseas aerial embarkation bases and major CONUS enplaning bases (*for example*, Andrews AFB, MD, and Clark AB, Philippines).

f. *Patient Manifest and Report of Patients Evacuated by Air.* Documentation consisting of MAC Form 155, *Report of Patients Evacuated by Air*, and MAC Form 155b, *Patient Manifest*, which identifies a particular aeromedical evacuation mission, and the patients/attendants manifested for the mission.

g. *Stowed Baggage.* All baggage accompanying patients/attendants transported on MAC aeromedical evacuation aircraft and stored in the aircraft baggage compartment. Stowed baggage can be made available to owners at en route or remain overnight (RON) stops (see paragraph 3e).

h. *Hand Baggage.* Items carried aboard aircraft by the patient/attendant, such as attache, cosmetic, or briefcases, travel kits, and small hand luggage.

i. *Unaccompanied Baggage.* Baggage that does not accompany a patient/attendant as either stowed baggage or hand luggage on MAC aeromedical evacuation aircraft.

2. Policy. The following policies apply to the processing and handling of patient/attendant baggage:

a. *Storage and Processing.* Accompanied patient/attendant baggage will receive expeditious handling and will be stored and processed separate from passenger and other baggage.

b. *Communications.* Communications concerning lost/found baggage will receive immediate attention.

c. *Baggage Identification.* Preparation of DD Form 600, *Patient's Baggage Tag*, is the responsibility of the military medical facility preparing the patient for aeromedical evacuation. When a patient is prepared by a facility other than a US Government hospital, MAC aeromedical evacuation personnel are responsible for the preparation of DD Form 600 in accordance with AFR 164-3, section B. Use DD Form 600 for stowed baggage only. Identify hand baggage with the individual's name and destination. DD Form 1839, *Baggage Identification Tag*, is recommended for use. To insure that the patient/attendant and his baggage are not separated within the MAC aeromedical evacuation system, each piece of stowed or hand baggage will contain a copy of the individual's TDY or transfer orders. These are used for identification purposes when exterior tags become unreadable or detached.

d. *Baggage Allowances:*

(1) The normal baggage allowance is 66 pounds for each patient and each attendant. The medical facility commander may authorize up to 100 pounds for US Armed Forces' patients, based on individual circumstances. This authorization must be included in the patient's orders.

(2) Baggage in excess of the authorized allowance for US Armed Forces' patients must be shipped as unaccompanied baggage in accordance with AFM 75-4/AR 55-7/BUSANDA Manual, volume V, chargeable to the parent service.

(3) Unaccompanied patient/attendant baggage will not be accepted for transportation aboard aeromedical evacuation aircraft except in cases when the aeromedical evacuation system has caused the separation of the baggage from the patient/attendant.

(4) Disposition of excess baggage of non-US Armed Forces' patients will be the responsibility of the owner.

e. *Baggage Restrictions:*

(1) Special care will be exercised by all aeromedical evacuation agencies to insure that stowed and

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hand baggage does not contain unauthorized weapons, explosive devices, or unauthorized drugs. (Reference: DOD 4515.13-R, AFM 71-4 and MACR 76-1, volume I.)

(2) Stowed baggage will be restricted to suitcases, duffel bags, B-4 bags, A-2 bags, footlockers, or strong, durable, cardboard containers capable of withstanding frequent handling during transportation. Stowed baggage can not have dimensions exceeding 72 inches in one direction, or overall dimensions of 100 inches (length-plus-width-plus-height). Television sets, stereo sets, musical instruments, sports equipment, and any other equipment of this type, not in durable containers, will not be accepted.

(3) Hand baggage is restricted in size to that which can fit under the aircraft seat, and the weight is charged against the normal baggage allowance of 66 pounds. Except where local laws prohibit their presence, alcoholic beverages may be included in hand baggage, but will not be consumed on the aircraft or while in the aeromedical evacuation system.

(4) Loose clothing, thin, weak, poorly constructed containers, and all other articles deemed to be unsafe, insecure, potentially damaging to the aircraft, or otherwise hazardous will not be accepted.

3. Responsibility. Many patients are unable to handle their own baggage. Therefore, upon receipt, MAC is responsible for patient baggage from the station of original patient pickup and for delivery to station of final destination. Only by insuring prompt delivery will the concern to the patient be reduced to a minimum. Aeromedical evacuation units are responsible for the following:

a. Administrative processing of patient/attendant baggage while the baggage is in the aeromedical evacuation system.

b. Arranging for adequate and secure baggage storage facilities. Proximity to aeromedical evacuation unit, aeromedical staging facility, and flight line is desirable.

c. Maintaining a record indicating the identity, date, time, and signature of an individual withdrawing baggage from the aeromedical evacuation system.

d. Insuring personnel coverage for uninterrupted operation of the patient baggage section.

e. Arranging with local medical facilities for temporary loan of, or access to, patient/attendant baggage and its timely return.

f. Arranging for onloading and off-loading of all patient/attendant baggage and expeditious transporting of all patient/attendant baggage between designated patient baggage sections and aircraft concerned.

4. Procedures:

a. Baggage handling procedures for the purpose of this regulation are divided into three categories.

(1) Procedures at major stations of patient origin.

(2) Procedures at debarkation and en route stations.

(3) Procedures at feeder enplaning and deplaning stations.

b. MAC Form 155b, *Patient Manifest*, is the basic document upon which the administrative details in baggage handling are based. This document contains information which identifies the patient, enplaning and deplaning stations, medical elements, etc.

5. Patient Baggage Handling Procedures at Major Stations of Patient Origination:

a. All military medical facilities, originating patients for movement aboard MAC aeromedical evacuation aircraft, will deliver the baggage of all patients/attendants departing aboard a designated aircraft, to the MAC patient baggage section, at a time prescribed in accordance with local procedures. A complete list showing patient's/attendant's name, description of baggage, and tag numbers, will be furnished when baggage is delivered.

b. The Patient Baggage Section will:

(1) Accept and sign for baggage which belongs to patients/attendants scheduled to depart via MAC aeromedical evacuation aircraft. Baggage belonging to persons not scheduled for aeromedical evacuation will not be accepted.

(2) Insure that baggage type and tag number are entered on MAC Form 155b prepared by the AECC.

(3) Assign an outbound movement number to the baggage section copy of the patient manifest.

NOTE: Use a separate set of numbers for each type of movement, inbound and outbound.

The numbers will run consecutively and will contain the movement type, serial number, and the fiscal year (*for example*, for inbound movements: IM-1-68; IM-2-68; IM-3-68, etc; for outbound movements: OM-1-68; OM-2-68; OM-3-68, etc.).

This numbering system will begin anew each fiscal year.

(4) Indicate "N/B" in place of the baggage tag number when patients/attendants shown on the patient manifest have no baggage.

(5) Use MAC Form 155b for baggage control. Cut the MAC Form 155b so that each patient block is separated, thus making individual cards. Show the outbound/inbound movement number assigned the patient manifest thereon. File MAC Forms 155b alphabetically as a means of identifying the manifest on which the patient was moved and to serve as a reference for inquiries concerning baggage. If baggage does not accompany the patient, the MAC Form 155b will indicate the date and manner of shipment, if known.

(6) File patient manifests in numerical order by IM and OM numbers.

(7) Process DD Form 600, *Patient's Baggage Tag*, as outlined in AFR 164-3, section B.

(8) Insure that patient/attendant baggage is handled in accordance with the following procedures:

(a) Baggage will be grouped by outgoing flights, preferably on individual baggage handling carts, fully identified by aircraft number, flight number, departure time, etc.

(b) Patient/attendant baggage will be stowed separately from passenger baggage and/or courier mail whether in compartments or on pallets. Other cargo will not be placed aboard the aircraft if it will displace or create difficulty in handling patient/attendant baggage at off-load stations.

(c) Weight and balance permitting, patient/attendant baggage will be grouped in the cargo compartment of aeromedical evacuation aircraft in different sections by various off-load stations. When baggage is loaded within the same compartment for two-or-more off-load stations, baggage for the most distant station will be loaded first, intermediate stations next, and the first off-load station last. When pallets are utilized, attempts will be made to group baggage by off-load station.

6. Procedures at Debarkation and En Route Stations:

a. Patient/attendant baggage handled at debarkation or en route station is divided into two categories:

(1) Baggage of patients/attendants for whom the debarkation or en route station is the final destination and which must be moved to the destination hospital.

(2) Baggage of patients/attendants whose movement within the aeromedical evacuation system will continue and which must be stored pending further movement aboard another flight.

b. The following procedures apply:

(1) When the aeromedical evacuation aircraft arrives, patient baggage section personnel will obtain a copy of MAC Form 155b and MAC Form 81, *Patient Baggage Data*, from the aeromedical evacuation technician.

(2) Inventory all patient/attendant baggage off-loaded from the aircraft against the MAC Forms 155b and 81 and deliver to the patient baggage room.

(3) Insert the number of pieces of baggage or "N/B" on the MAC Form 155b, opposite the patient's/attendant's name when such information does not appear thereon. Baggage of patients or persons who were not transported aboard the aeromedical evacuation flight will be processed as outlined in this chapter.

(4) Assign the patient manifest an inbound movement number.

(5) Annotate MAC Form 155b properly with the inbound movement number and any other necessary data; then file it alphabetically.

(6) Store baggage of patients/attendants whose movement continues via the aeromedical evacuation system in the patient baggage room. Storage bins for this baggage will be provided and identified by destination to facilitate orderly distribution.

(7) Assemble baggage of final destination patients/attendants in one bin, or several bins, if a number of destination hospitals are served by the AECC/detachments. Retain baggage until the respective hospital representative accepts the patient's baggage. He will acknowledge receipt by signing his name once and initialing opposite each patient's name on the MAC Form 81, for whom baggage is received, or by signing his name at the bottom of the completed MAC Form 155b.

(8) Upon departure of an intransit patient/attendant and his baggage, record the outbound movement number assigned the patient manifest on the MAC Form 155b which is also used to record his inbound movement.

7. Procedures at Feeder Enplaning and Deplaning Stations:

a. All feeder flights normally originate at major en route patient holding stations, and the procedure employed by the patient baggage section personnel at those stations is applicable.

b. MAC Form 81 will be prepared by the patient baggage section of the aeromedical evacuation control center in the number of copies prescribed by local procedures.

c. MAC Form 81 will be maintained by the aeromedical evacuation specialist/technician to record patient/attendant baggage handled on a specific mission. A completed copy of MAC Form 81 will be turned in to the baggage representative for each mission terminating at an AECC/detachment. This form will have with it every page of the manifest used on that particular mission for all baggage deplaned en route. Also, the person who signs for the baggage will print his name legibly above his signature.

d. The aeromedical evacuation operations officer or his representative will check each piece of baggage placed aboard the aircraft and enter the required information on MAC Form 81 in duplicate. He will certify that baggage listed was placed aboard the aircraft. When aeromedical evacuation control personnel are not available at the onload station, the aeromedical evacuation specialist/technician is responsible for accomplishing this function.

e. As patients/attendants are deplaned at destination stations, the responsible hospital representatives will sign MAC Form 81 for baggage delivered.

f. Aeromedical crew members will maintain a supply of DD Forms 600 for use on patient baggage onloaded from medical facilities which cannot accomplish forms prior to delivery. The stub will be given to the patient unless he is mentally or physically unable to safeguard it. In these cases, it will be placed in the medical record jacket.

g. Upon arrival at a major RON en route station, deliver one copy of MAC Form 81 and two copies of MAC Forms 155b to the patient baggage section. Assign an inbound movement number to the MAC Form 81 and enter on each MAC Form 155b.

h. Upon departing from a major RON en route station, the aeromedical evacuation specialist/technician will be furnished a MAC Form 81 showing originating patients and one set of MAC Forms 155b.

8. Procedures for Handling Lost or Found Baggage. The procedures for handling lost or found baggage will be in accordance with MACR 76-1, volume I.

a. If a patient/attendant and his baggage become separated while in the aeromedical evacuation system, take the following actions:

(1) Immediately upon being reported lost, inquiries will be initiated by the local AECC/detachment baggage section to en route stations requesting assistance in locating the baggage. Prepare a MAC Form 134, *Baggage Irregularity Report*, in three copies.

(2) If the baggage is not located within 20 days, forward the original copy of MAC Form 134, with copies of all correspondence and a list of the contents of the baggage furnished by the owner, to the applicable

21/22 AF FOBAG Center. The duplicate copy will be retained by the preparing agency and the triplicate copy will be given to the patient/attendant.

(3) If the baggage is found and returned to the owner within 20 days, all correspondence will be retained by the preparing agency for 90 days after completion of action.

b. A daily inventory will be made of all baggage in patient baggage sections and compared with the current MAC Form 155b locator file.

(1) When baggage is found at an overseas AECC patient baggage section and the identity of the owner can be established, place it aboard the first available aeromedical evacuation aircraft, on a space available basis, manifested for the APOE through which the owner entered the CONUS. Each piece of such baggage will be accompanied by orders and customs documentation as required locally. Manifest each shipment on a separate MAC Form 81. In addition, prepare a MAC Form 134; forward the original copy to the applicable 21/22 AF FOBAG Center, the duplicate to the patient baggage section, and the triplicate to the owner of the baggage.

(2) When unaccompanied baggage, including baggage received in accordance with (1), *above*, is found in CONUS AECC/detachment patient baggage sections and the identity and destination hospital of the owner can be established, manifest that baggage on a separate MAC Form 81, and place on a space available basis, aboard aeromedical evacuation aircraft which will effect delivery. If the unaccompanied baggage cannot be moved through the aeromedical evacuation system to destination hospital within 10 days, it will be turned over to the base traffic management officer for shipment to the owner's destination hospital in accordance with the policy established in MACR 76-1.

(3) When baggage is found and the owner cannot be properly identified immediately, initiate inquiries to en route stations requesting assistance in identifying the owner. Prepare MAC Form 134 at the same time. Forward the original copy to the applicable 21/22 AF FOBAG Center; the duplicate to the patient baggage center; and place the triplicate in an envelope fastened to the found baggage.

c. When unable to establish ownership of found baggage, it will be disposed of in accordance with AFM 67-1.

d. Turn all found passenger baggage over to the found baggage section at the station concerned.

HIRAM GRIFFIN, *Colonel, USAF*
Director of Administration

PAUL K. CARLTON, *General, USAF*
Commander

Summary of Revised, Deleted, or Added Material

This revision updates definitions, permits patients/attendants greater access to their baggage at RON stops, and expands criteria for acceptable patient/attendant baggage. It provides more instructions for movement of unaccompanied baggage and expands aeromedical evacuation unit responsibility for patient/attendant baggage.